Please type a plus sign (+) inside this box	\rightarrow	
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PTO/SB/05 (11-00) Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY PATENT APPLICATION **TRANSMITTAL**

0220US210 Attorney Docket No. Claus Bornaes First Inventor New Multimeric Interferon Beta Polypeptides Title EL423337684US Express Mail Label No.

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICA	TION ELEMENTS		NDDRF		stant Com Patent Ap		oner for Patents
See MPEP chapter 600 cond	cerning utility patent application conte				hington, E		
1.	orm (e.g., PTO/SB/17) duplicate for fee processing) mall entity status. [Total Pages 94] It set forth below) of the invention e to Related Applications arding Fed sponsored R & D equence listing, a table, irogram listing appendix the Invention of the Invention in of the Drawings (if filed) ption Disclosure I.S.C. 113) [Total Sheets [Total Pages 3]]	a. Sperica i c.		hington, I duplicate Appendix, id Sequel) e Form (C Listing on CD-R (2 and identity APPLIC (cover shatement ssignee) I Document stranger (MI ally itemiz	OC 202 I, large In copies CRF) Copies of abo ATIO ATIO PEP 5	table or ubmission s); or ove copies N PARTS document(s)) Power of Attorney oplicable) Copies of IDS Citations
named in t 1.63(d)(2)	the prior application, see 37 CFR and 1 33(b) Sheet. See 37 CFR 1.76		16.	Request and Certi (b)(2)(B)(i). Applica or its equivalent. Other:			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) Of prior application No Prior application information Examiner Group Art Unit For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.							
	19. CORRESP	ONDENCE	ADDRE	SS			
Customer Number or Bar Co	ode Label Tinseri Customer No. or At	ach bar code	label here)	or 🗶	Correspond	dence ad	dress below
Name	Joanne R. Petithory						
	Maxygen, Inc.						
Address	515 Galveston Drive				·		
City	Redwood City	Sta	State California		Zip C	Zip Code 94063	
Country	USA	Telepho	ne	650-298-5300	Fa	x	650-298-5446
Name (Print/Type)	Joanne R. Petithory		Registra	ation No. (Attorney	//Agent)		42,995
Signature	Janner Veti	thore	1		Date		11/1/01

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EL423337684US

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)	1,	38	0

Complete if Known			
Application Number	Unassigned		
Filing Date	November 1, 2001		
First Named Inventor	Claus Bornaes		
Examiner Name	Unassigned		
Group Art Unit	Unassigned		
Attorney Docket No.	0220US210		

METHOD OF PAYMENT FEE CALCULATION (continued)			
1. The Commissioner is hereby authorized to charge indicated fees and credit any overnayments to:	3. ADDITIONAL FEES		
indicated fees and credit any overpayments to: Deposit Deposit	Large Small		
Account 50-0990	Entity Entity Fee Fee Fee Fee Fee Description Fe	e Paid	
Number Deposit	Fee Fee Fee Fee Fee Description Fe Code (\$) Code (\$)	e raiu	
Account Name Maxygen, Inc.	105 130 205 65 Surcharge - late filing fee or oath		
Charge Any Additional Fee Required Under 37 CFR 1 16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet		
Applicant claims small entity status.	139 130 139 130 Non-English specification		
See 37 CFR 1 27	147 2,520 147 2,520 For filing a request for ex parte reexamination		
2. Payment Enclosed:	112 920* 112 920* Requesting publication of SIR prior to		
Check Credit card Money Other	Examiner action		
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action		
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month		
Large Entity Small Entity	116 400 216 200 Extension for reply within second month		
Fee Fee Fee Fee Description	117 920 217 460 Extension for reply within third month		
Code (\$) Code (\$) Fee Pald 101 740 201 370 Utility filing fee 740	118 1,440 218 720 Extension for reply within fourth month		
106 330 206 165 Design filing fee	128 1,960 228 980 Extension for reply within fifth month		
107 510 207 255 Plant filing fee	119 320 219 160 Notice of Appeal		
108 740 208 370 Reissue filing fee	120 320 220 160 Filing a brief in support of an appeal		
114 160 214 80 Provisional filing fee	121 280 221 140 Request for oral hearing		
	138 1,510 138 1,510 Petition to institute a public use proceeding		
SUBTOTAL (1) (\$) 740	140 110 240 55 Petition to revive - unavoidable		
2. EXTRA CLAIM FEES	141 1,280 241 640 Petition to revive - unintentional		
Fee from Extra Claims below Fee Paid	142 1,280 242 640 Utility issue fee (or reissue)		
Total Claims 40 -20** = 20 X 18 = 360	143 460 243 230 Design issue fee		
Independent 2 - 3** = 0 X 84 = 0	144 620 244 310 Plant issue fee		
Multiple Dependent 280 = 280	122 130 122 130 Petitions to the Commissioner		
	123 50 123 50 Processing fee under 37 CFR 1.17(q)		
Large Entity Small Entity Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt		
Code (\$) Code (\$)	581 40 581 40 Recording each patent assignment per		
103 18 203 9 Claims in excess of 20	property (times number of properties)		
102 84 202 42 Independent claims in excess of 3	146 740 246 370 Filing a submission after final rejection (37 CFR § 1 129(a))		
104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 ** Reissue independent claims over original patent	149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b))		
	179 740 279 370 Request for Continued Examination (RCE)		
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	169 900 169 900 Request for expedited examination of a design application		
SUBTOTAL (2) (\$) 640 Other fee (specify)			
**or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0		
or number previously paid, if greater, i or religious, see above			

SUBMITTED BY				Complete (if applicable)		
Name (PrintlType)	Joanne R. Petithory	Registration No. (Attorney/Agent)	42,995	Telephone	650-298-5300	
Signature	Janua R Pel	thou		Date	11/1/01	

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